

## **School Participation Form 2013 Virginia Youth Survey**

Please fax this form to: Danielle Henderson, Virginia Youth Survey Coordinator, Virginia Department of Health at 804-864-7380 (fax)

Please contact the following individual to finalize plans for survey administration at this school:

School: \_\_\_\_\_

Contact name: \_\_\_\_\_

Contact phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Please fill in the date your school will administer the survey during the fall 2013 semester.

October \_\_\_\_\_ 2013 (example: October 22, 2013)

November \_\_\_\_\_ 2013 (example: November 13, 2013)

Are you interested in assistance to administer the survey?

☐ Yes

☐ No

Principal name (please print): \_\_\_\_\_

Signature: \_\_\_\_\_

Phone number \_\_\_\_\_